

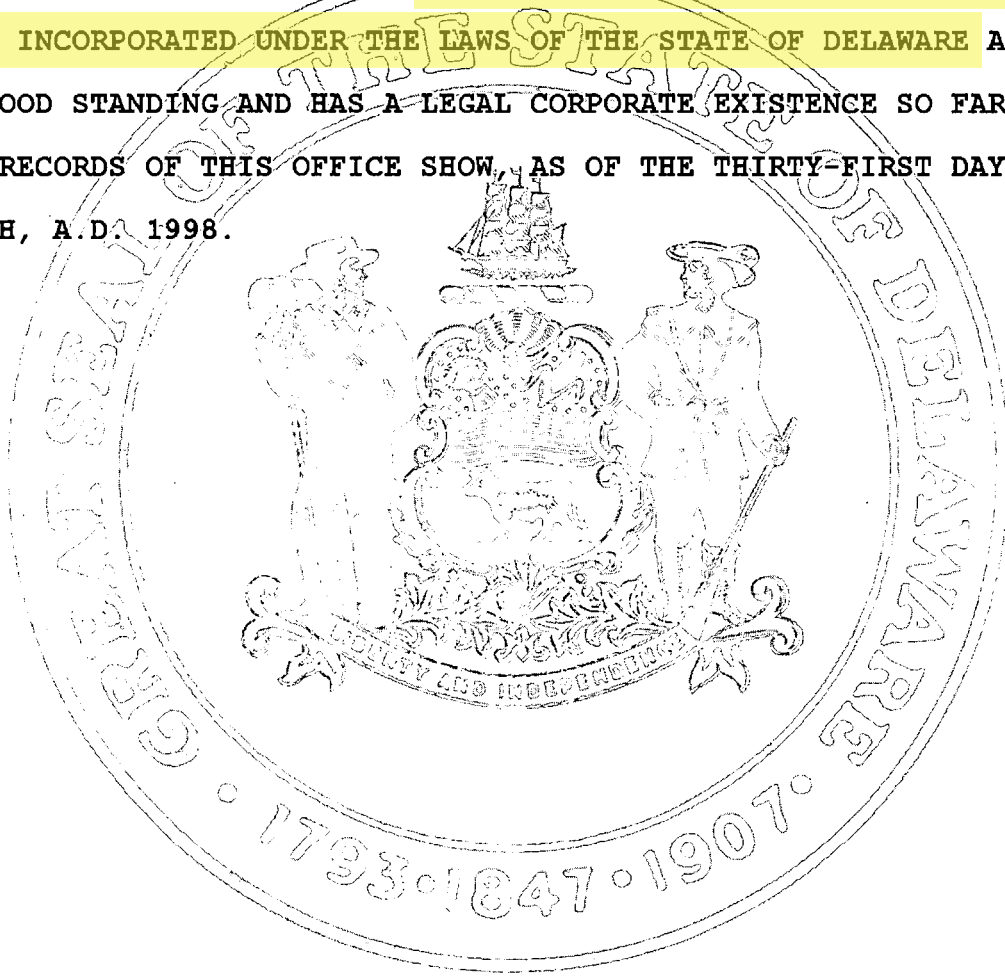
EXHIBIT

15

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARBOR-FREIGHT TOOLS USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH, A.D. 1998.



Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

2791825 8300

DATE: 9002685

981093098

03-31-98

2111204

STATEMENT AND DESIGNATION
BY FOREIGN CORPORATION

FILED
in the office of the Secretary of State
of the State of California

JUN 8 1998

Bill Jones
BILL JONES, Secretary of State

HARBOR FREIGHT TOOLS USA, INC.

(Name of Corporation)

_____, a corporation organized and existing under the
laws of DELAWARE, makes the following statements and designation:
(State or Place of Incorporation)

* 1. The address of its principal executive office is 3491 MISSION OAKS BL, CAMARILLO, CA 93011

* 2. The address of its principal office in the State of California is 3491 MISSION OAKS BL, CAMARILLO, CA 93011

DESIGNATION OF AGENT FOR SERVICE OF PROCESS IN THE STATE OF CALIFORNIA

(Complete Either Item 3 or Item 4)

* 3. (Use this paragraph if the process agent is a natural person.)

JERRY DAMMEIER, a natural person residing in the State of
California, whose complete address is 3491 MISSION OAKS BL, CAMARILLO, CA 93011

_____, is designated as agent upon whom process directed
to this corporation may be served within the State of California, in the manner provided by law.

4. (Use this paragraph if the process agent is a corporation.)

_____, a corporation organized and existing
under the laws of _____, is designated as agent upon whom process directed
to this corporation may be served within the State of California, in the manner provided by law.

NOTE: Corporate agents must have complied with Section 1505, California Corporations Code, prior to designation.

5. It irrevocably consents to service of process directed to it upon the agent designated above, and to service of process on the Secretary of State of the State of California if the agent so designated or the agent's successor is no longer authorized to act or cannot be found at the address given.


(Signature of Corporate Officer)

ROBERT GLICKMAN, TREASURER

(Typed Name and Title of Officer Signing)

*DO NOT USE A POST OFFICE BOX ADDRESS

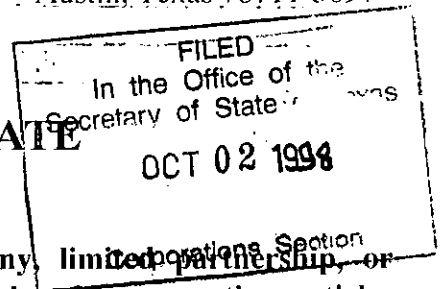


Office of the
Secretary of State

Corporations Section

P.O. Box 13697
Austin, Texas 78711-3697

ASSUMED NAME CERTIFICATE



1. The name of the corporation, limited liability company, ~~limited partnership~~, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of authority or comparable document is
HARBOR FREIGHT TOOLS USA, INC.
2. The assumed name under which the business or professional service is or is to be conducted or rendered is
HARBOR FREIGHT TOOLS
3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is THE STATE OF DELAWARE, and the address of its registered or similar office in that jurisdiction is THE CORPORATION TRUST CENTER, 1209 ORANGE ST., WILMINGTON DE 19801
4. The period, not to exceed 10 years, during which the assumed name will be used is
TEN YEARS
5. The entity is a (circle one):

Business Corporation
Non-Profit Corporation
Professional Corporation
Professional Association
Limited Liability Company
Limited Partnership
Registered Limited Liability Partnership

If the entity is some other type of incorporated business, professional or other association, please specify below:

6. If the entity is required to maintain a registered office in Texas, the address of the registered office is 6502 RED PINE RD., DALLAS, TX 75248 and the name of its registered agent at such address is HARRY R. LESKO
The address of the principal office (if not the same as the registered office) is
3491 MISSION OAKS BL, CAMARILLO CA 93012-5034

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is _____ and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is _____ and the office address elsewhere is _____

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "ALL" or "ALL EXCEPT"):

ALL



Signature of officer, general partner, manager, representative or attorney-in-fact of the entity

State of ~~Texas~~ CALIFORNIA §

County of VENTURA §

This instrument was acknowledged before me on _____ by _____ (date)

(name of person acknowledging)

(Notary Seal)

See attached
California All Purpose
Acknowledgment.
loose certificate

Signature of Notary
Notary Public, State of ~~Texas~~ CALIFORNIA

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Ventura

SS.

On 9-25-98

Date

before me, Susan Davis, Notary Public

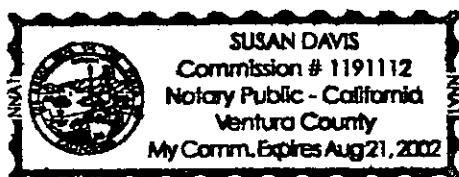
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Robert Glickman

Name(s) of Signer(s)

☒ Personally known to me

☐ proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Susan Davis

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assumed Name Certificate

Document Date: — Number of Pages: 2

Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer

Signer's Name: _____

☐ Individual

☒ Corporate Officer — Title(s): CEO

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here



Office of the Secretary of State
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697


FILED
In the Office of the
Secretary of State of Texas

NOV 09 2000

Corporations Section

STATEMENT OF ABANDONMENT OF ASSUMED NAME

1. The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership is
Harbor Freight Tools USA, Inc.
and the file number, if any, assigned by the secretary of state is 00117060-06
2. The assumed name being abandoned is Harbor Freight Tools
3. The assumed name certificate was filed in the office of the secretary of state on 10/2/98; an assumed name certificate also has been filed in the office of the county clerk in the following county or counties: Tarrant, Dallas, El Paso, Bexar, Travis, Gregg, Ector, Wichita, Taylor, McLennan, Lubbock, Nueces, Potter
4. If the entity is required to maintain a registered office in Texas, the address of the registered office is and the name of its registered agent at such address is
CT Corporation System, 350 N. St. Paul St., Dallas, TX 75201
The address of the principal office, if not the same as the registered office, is
PO Box 6010, Camarillo, CA 93011-6010
5. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is blank
If the entity is not incorporated, organized, or associated under the laws of Texas, the address of its place of business in Texas is blank
and its office address elsewhere, if any is blank
6. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document.

X  Robert Glickman, CFO
Signature of officer, general partner, manager,
Representative or attorney-in-fact of the entity

NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.



Secretary of State
Statement of Information 34
(California Stock, Agricultural
Cooperative and Foreign Corporations)

SI-550

17-077797

FILED
Secretary of State
State of California
SEP 08 2017

IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) – \$25.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

HARBOR FREIGHT TOOLS USA, INC.

NF

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C2111204

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box 26541 Agoura Road, Attn: Legal HQE	City (no abbreviations) Calabasas	State CA	Zip Code 91302-2093
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ Eric	First Name	Middle Name L	Last Name Smidt	Suffix
Address 26541 Agoura Road			City (no abbreviations) Calabasas	State CA Zip Code 91302-2093
b. Secretary Marc	First Name	Middle Name M	Last Name Friedman	Suffix
Address 26541 Agoura Road			City (no abbreviations) Calabasas	State CA Zip Code 91302-2093
c. Chief Financial Officer/ Tomas	First Name	Middle Name P	Last Name Kokko	Suffix
Address 26541 Agoura Road			City (no abbreviations) Calabasas	State CA Zip Code 91302-2093

5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name **and** address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name Eric	Middle Name L	Last Name Smidt	Suffix
Address 26541 Agoura Road		City (no abbreviations) Calabasas	State CA Zip Code 91302-2093
b. Number of Vacancies on the Board of Directors, if any			

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b
Corporate Creations Network Inc (C2250455)

7. Type of Business

Describe the type of business or services of the Corporation
Retail

8. The Information contained herein, including in any attachments, is true and correct.

9/5/2017

Marc M Friedman

Secretary

Date

Type or Print Name of Person Completing the Form

Title

8D5238 2.000

TX2019 05-102
Ver. 10.0 (Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

32000148059

2019

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name Harbor Freight Tools USA, Inc.		<input type="checkbox"/> Blacken box if the mailing address has changed.	
Mailing address 26541 Agoura Road		Secretary of State (SOS) file number or Comptroller file number	
City Calabasas	State CA	ZIP code plus 4 91302	0011706006

☒ Blacken box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

3200014805919

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name Eric L. Smidt	Title President	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 26541 Agoura Road	City Calabasas	State CA	ZIP Code 91302
Name Marc M. Friedman	Title Secretary	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 26541 Agoura Road	City Calabasas	State CA	ZIP Code 91302
Name Tomas Kokko	Title CFO	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 26541 Agoura Road	City Calabasas	State CA	ZIP Code 91302

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution Central Purchasing, LLC	State of formation CA	Texas SOS file number, if any	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution Harbor Freight Tools Texas, LP	State of formation DE	Texas SOS file number, if any	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution HFT Holdings, Inc.	State of formation DE	Texas SOS file number, if any	Percentage of ownership 100.000
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Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent: Corporate Creations Network Inc.

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Office: 2425 W Loop South #200

City Houston

State TX

ZIP Code 77027

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here

Title

Date

Area code and phone number

CFO

11/12/2019

(818) 836-5000

Texas Comptroller Official Use Only

VE/DE

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TX2019 05-102
Ver. 10.0 (Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

32000148059

2019

Taxpayer name Harbor Freight Tools USA, Inc.

Blacken box if the mailing address has changed.

Mailing address

26541 Agoura Road

Secretary of State (SOS) file number or
Comptroller file number

City Calabasas

State CA

ZIP code plus 4 91302

0011706006

Blacken box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

3200014805919

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Texas Management Services, LLC	CA		100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Harbor Freight Tools Incentives, Inc.	NH		100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent:

You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Office:

City

State

ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional
sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institution.sign
here

Title

Date

Area code and phone number

Texas Comptroller Official Use Only

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TX2019 05-102
Ver. 10.0 (Rev.9-15/33)**Texas Franchise Tax Public Information Report***To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions*

■ Tcode 13196

■ Taxpayer number

■ Report year

32000148059

2019

**You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.**

Taxpayer name Harbor Freight Tools USA, Inc.

■ ☐ Blacken box if the mailing address has changed.Mailing address
26541 Agoura RoadSecretary of State (SOS) file number or
Comptroller file number

City Calabasas

State CA

ZIP code plus 4 91302

0011706006

☐ Blacken box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

3200014805919

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution Central Management Services, LLC	State of formation CA	Texas SOS file number, if any	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution Central Purchasing International, Inc.	State of formation DE	Texas SOS file number, if any	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
--	--------------------	-------------------------------	-------------------------

Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent:

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Office:

City

State

ZIP Code

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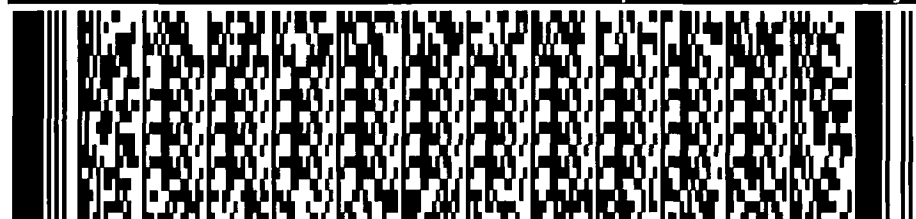
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign
here ▶

Title

Date

Area code and phone number

Texas Comptroller Official Use Only

VE/DE

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8D5238 2.000

TX2019 05-102
Ver. 10.0 (Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

32000148059

2019

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name Harbor Freight Tools USA, Inc.

☐ Blacken box if the mailing address has changed.Mailing address
26541 Agoura RoadSecretary of State (SOS) file number or
Comptroller file number

City Calabasas

State CA

ZIP code plus 4 91302

0011706006

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Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

3200014805919

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution CP Trading Shanghai Co., Ltd	State of formation FOREIGN	Texas SOS file number, if any	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution CP Trading HK Limited	State of formation FOREIGN	Texas SOS file number, if any	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
--	--------------------	-------------------------------	-------------------------

Registered agent and registered office currently on file (see instructions if you need to make changes)
Agent:You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Office: City State ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution

sign here Title Date Area code and phone number

Texas Comptroller Official Use Only

VE/DE

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TX2019 05-102
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we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name Harbor Freight Tools USA, Inc.		<input type="checkbox"/> <input type="checkbox"/> Blacken box if the mailing address has changed.	
Mailing address 26541 Agoura Road		Secretary of State (SOS) file number or Comptroller file number	
City Calabasas	State CA	ZIP code plus 4 91302	0011706006

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3200014805919

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Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution Central Management Services II, LLC	State of formation DE	Texas SOS file number, if any	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
--	--------------------	-------------------------------	-------------------------

Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent:

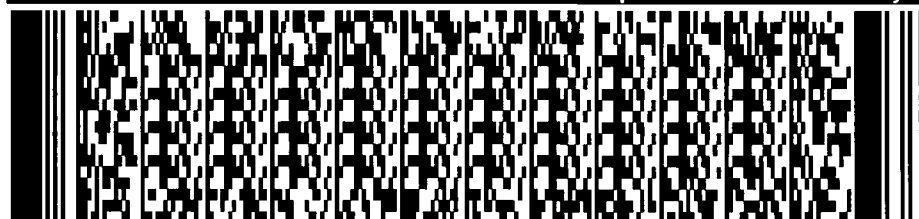
You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Office:	City	State	ZIP Code
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional
sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institution

sign here ▶	Title	Date	Area code and phone number
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